

TOWN OF SOUTHAMPTON

Main Office

116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5740

Fax: (631) 283-5606



OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

Town Clerk Annex

Phone: (631) 723-2712

Fax: (631) 723-3080

Website:

www.southamptontownny.gov

Instructions for VEHICLE Peddlers License

Applications must be submitted to the Town Clerk's office. The application **must be fully completed and notarized**. The background check and criminal record will be done prior to approval.

DOCUMENTS TO BE SUMITTED WITH APPLICATION:

- A copy of your New York State Driver's License
- Vehicle Registration
- Current Insurance Certificate
- Current Certificate of Health
- **Application fee: \$ 350.00** shall be submitted together with the Application to the Town Clerk's Office in cash, check, or money order made payable to **Town of Southampton**.

** Veterans must submit an exempt certificate to waive the required fee.

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2012 APPLICATION FOR PEDDLING AND SOLICITING VEHICLE LICENSE

For Office Use Only

License #: _____

Date: _____

Initials: _____

1. APPLICANT _____

2. ADDRESS _____ TELEPHONE # _____

DRIVER LICENSE NUMBER _____

3. VEHICLE INFORMATION: ATTACH COPY VALID NYS VEHICLE REGISTRATION AND INSURANCE

OWNER OF VEHICLE _____

VEHICLE REGISTRATION # _____ PLATE # _____

YEAR _____ MAKE _____ MODEL _____ STATE _____

6. NAME AND ADDRESS OF THE PERSON, FIRM OR CORPORATION THE APPLICANT
REPRESENTS OR IS EMPLOYED BY:

7. HAVE YOU BEEN PREVIOUSLY LICENSED FOR ANY OCCUPATION?

Yes ____ No ____

(a) IF YES, STATE WHAT TYPE OF LICENSE, WHERE AND WHEN

(b) WAS THE ABOVE LICENSE EVER SUSPENDED OR REVOKED?

IF YES, FOR WHAT REASON? _____

8. NATURE OF BUSINESS, TRADE, AND/OR DESCRIPTION OF GOODS TO BE SOLD

9. HAVE YOU OR THE COMPANY EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE EXCEPT TRAFFIC VIOLATIONS? Yes _____ No _____

IF YES, STATE DATE, COURT, OFFENSE AND SENTENCE:

10. IF APPLICABLE, PLEASE PROVIDE A CURRENT CERTIFICATE FROM ANY OF THE FOLLOWING:

- SUFFOLK COUNTY DEPT. OF HEALTH** _____
- SC DEPT. OF WEIGHTS & MEASURES** _____

11. CORPORATION OR PARTNERSHIP NAME, IF APPLICABLE

- NAME _____ TITLE _____
- ADDRESS _____ TELEPHONE _____

12. ARE YOU A VETERAN LIVING IN SUFFOLK COUNTY WITH A VETERAN'S LICENSE** Yes _____ No _____ ** If yes, attach a copy of the license

13. N.Y.S. SALES TAX NUMBER _____

STATE OF NEW YORK, COUNTY OF SUFFOLK

I, _____ being duly sworn depose and say that all the answers of the foregoing application are true.

SIGNATURE OF APPLICANT

DATE

Sworn to before me this

_____ day of _____, 20____

Notary Public

A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" IS MISMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK